

Harris County - Texas

HIPAA Notice of Privacy Practices

Effective Date: September 23, 2013

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY**

This Notice is for participants and beneficiaries in the Harris County Health-Benefits Plan (the "Plan") and gives you advice required by law. This Notice is not a consent or authorization form and we will not use this information to release your healthcare information in any manner not authorized by law. You may receive similar notices about your medical information and how other plans or insurers handle it.

If you have any questions about this notice, please contact Lisa Dahm, Harris County Health Plan Privacy Officer, 1019 Congress 15th floor, Houston, Texas 77002, 713-274-5245.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HEALTH INFORMATION.

Your protected health information ("Health Information" or "Protected Health Information") is protected by the HIPAA Privacy Rule. Generally, Health Information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

HOW WE MAY OBTAIN PROTECTED HEALTH INFORMATION.

As a health benefits plan, we engage in routine activities that result in our being given Health Information from various sources, including sources other than you. For example, health care providers – such as physicians and hospitals – submit claim forms containing Health Information to enable us to pay them for the covered health care services they have provided to you. You may have the right to restrict our access to your Health Information if you have paid out of pocket in full for your health care services and will not seek reimbursement from us for such health care services.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose Health Information. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such written permission at any time by writing to our Health Plan Privacy Officer. Also, where state or federal laws require greater privacy protections, we will follow those more stringent requirements.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. This may result in disclosure of your Health Information to providers and/or personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. For example, we may disclose your Health Information to a home health care agency to ensure continuity of care after your discharge from a hospital. Also, we may disclose your Health Information to refer you to case management or to a pharmacy benefit manager to assist with treatment-related health care services.

For Payment. We may use and disclose Health Information for payment purposes, such as paying doctors and hospitals for covered services. For example, we may disclose your Health Information to a hospital for purposes of paying for out-patient surgical services. Payment purposes also includes activities such as: determining eligibility for benefits; reviewing services for medical necessity and/or ensuring that such services are not experimental or investigational; performing utilization review; obtaining premiums; coordinating benefits; subrogation; and collection activities. We may also disclose your Health Information for payment purposes to other health plans maintained by Harris County, which sponsors our Plan, if our Plan is part of an organized health care arrangement with the other plan.

For Health Care Operations. We may use and disclose Health Information for health care operations' purposes. Health care operations includes: coordinating/managing care; assessing and improving the quality of healthcare services; reviewing the qualifications and performance of providers; reviewing health plan performance; conducting medical reviews and resolving grievances. For example, we may use and disclose information to make sure that your physician is providing quality care to you. Health care operations also includes business activities: such as underwriting, rating; placing or reducing coverage; determining coverage policies; business planning; obtaining reinsurance; arranging for legal and auditing services (including fraud and abuse detection programs); and obtaining accreditations and licenses. Our policies and procedures and the law prohibit us from using or disclosing genetic information for underwriting purposes.

Health and Wellness Information. We may use and disclose Health Information to contact you with information about: appointment reminders; treatment alternatives; therapies, healthcare providers; settings of care; or other health-related benefits, products and services that may be of interest to you, including but not limited to, case management, wellness programs, or employee assistance programs. For example, we might send you smoking cessation programs or we might send a mailing to subscribers approaching Medicare eligible age with materials describing our senior products and application form.

Plan Sponsors. If you are enrolled in the Harris County Health-Benefits Plan, you may be enrolled in a group plan and we may disclose Health Information to the group health plan's sponsor – usually your employer, Harris County – for plan administration purposes. If Harris County, as a plan sponsor of an insured health benefit plan, receives any Health Information with respect to this Plan, Harris

County shall certify that it will not use or disclose your Health Information for any other employee benefit plans or employment related activities or any other purposes not authorized by law.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family, other relative, or a close friend – or anyone else that you identify as follows: (i) when you are present prior to the use of disclosure and you agree; or (ii) when you are not present (or you are incapacitated or in an emergency situation) if, in the exercise of our professional judgment and in our experience with common practice, we determine that the disclosure is in your best interests. In these cases, we will only disclose the Health Information that is directly relevant to the person's involvement in your health care or payment related to your health care.

Personal Representatives. Unless prohibited by law, we may disclose your Health Information to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an emancipated minor is a personal representative. Your personal representative must provide evidence of his/her authority to act on your behalf. In our sole discretion, we retain the right to deny a personal representative access to your Health Information in certain circumstances, such as protecting you from abuse or neglect. Our discretion also applies to personal representatives of minors.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by federal, state, local or any other applicable law. For example, we must disclose your Health Information to the U.S. Department of Health and Human Services upon request if they wish to determine whether we are in compliance with federal privacy laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform payment processing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Research; Organ and Tissue Donation. We may disclose your Health Information to researchers, provided that certain established measures are taken to protect your privacy. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information. Also, we may disclose your Health Information, in certain circumstances, to organizations that handle organ procurement or other entities engaged in procurement, banking

or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. For example, we may disclose your Health Information to a federal agency investigating Medicare and/or Medicaid fraud.

Data Breach Notification Purposes. We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Health Information to disaster relief organizations that seek your Health Information to coordinate your care, or notify family, close relatives and/or friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization unless otherwise required and/or permitted by law:

1. Uses and disclosures of Protected Health Information for marketing purposes;
2. Disclosures that constitute a sale of your Protected Health Information; and
3. Uses and disclosures of your psychotherapy notes.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based

benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to receive written notification if we discover a breach of any of your unsecured Protected Health Information and determine through a risk assessment that notification is required. Notification may be required if the breach compromises the security or privacy of your Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing and your request must include a reason to support the requested amendment. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by email or at work. To request confidential communications, you must make your request, in writing, to our address provided below. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to ask us for a paper copy of this notice at any time upon request. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our web site at: <http://www.harriscountytexas.gov/hrrm/NoticeofPrivacy.aspx>.

How to Exercise Your Rights. To exercise any of the individual rights described above or for more information, please contact Harris County Health Plan Privacy Officer, 1019 Congress, 15th Floor, Houston, Texas 77002, 713-274-5245.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. Whenever we make an important change, we will publish the updated notice on our website at <http://www.harriscountytexas.gov/hrrm/NoticeofPrivacy.aspx>. The new notice will contain the effective date on the top of the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Harris County Health Plan Privacy Officer, 1019 Congress, 15th Floor, Houston, Texas 77002, 713-274-5245. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit <http://www.hhs.gov/>.